

| POSITION                         | INITIALS  | ID NO.      | DATE            |
|----------------------------------|-----------|-------------|-----------------|
| <b>FEE DETERMINATION</b>         |           |             |                 |
| <b>O.I.P.E. CLASSIFIER</b>       | <i>dm</i> | <i>32</i>   | <i>2/19</i>     |
| <b>FORMALITY REVIEW</b>          | <i>SK</i> | <i>809</i>  | <i>2/28/01</i>  |
| <b>RESPONSE FORMALITY REVIEW</b> | <i>MD</i> | <i>Jcar</i> | <i>02/10/01</i> |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 5/12/01 |
| 2     | ✓     | ✓        |         |
| 3     | ✓     | ✓        |         |
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| 5     | ✓     | ✓        |         |
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| 8     | ✓     | ✓        |         |
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| 10    | ✓     | ✓        |         |
| 11    | ✓     | ✓        |         |
| 12    | ✓     | ✓        |         |
| 13    | ✓     | ✓        |         |
| 14    | ✓     | ✓        |         |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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